

FEC FORM 3L

REPORT OF CONTRIBUTIONS BUNDLED BY LOBBYISTS/REGISTRANTS AND LOBBYIST/REGISTRANT PAC's

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RECEIVED
SECRETARY OF THE SENATE
PUBLIC RECORDS
JAN 17 AM 10:09

1. NAME OF COMMITTEE (in full) USE FEC MAILING OR TYPE OR PRINT Example: if typing, type over the lines. 12FE4M5
Tammy Baldwin for Senate

ADDRESS (number and street) PO Box 696

Check if different than previously reported (ACC)

Madison

WI

53701

CITY

STATE

ZIP CODE

2. FEC IDENTIFICATION NUMBER

C00326801

3. IS THIS REPORT

☒ NEW (N)

OR

☐ AMENDED (A)

4. STATE DISTRICT

WI

00

For Candidates Only

5. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

☐ April 15

Quarterly Report (Q1)

☐ July 15

Quarterly Report (Q2) and/or Semi-annual Report

☒ October 15

Quarterly Report (Q3)

☐ January 31

Year End Report (YE) and/or Semi-annual Report

July 31 Mid-Year Report

☐ (Non-election Year - Party/PAC) (MY) and/or Semi-annual Report

(b) Monthly Report Due On:

☐ Feb 20 (M2)

☐ May 20 (M5)

☐ Aug 20 (M8)

☐ Nov 20 (M11) (Non-Election Year only)

☐ Mar 20 (M3)

☐ Jun 20 (M6)

☐ Sep 20 (M9)

☐ Dec 20 (M12) (Non-Election Year only)

☐ Apr 20 (M4)

☐ Jul 20 (M7) and/or Semi-annual Report

☐ Oct 20 (M10)

☐ Jan 31 (YE) and/or Semi-annual Report

(c) 12-Day PRE-Election Report for the:

☐ Primary (12P)

☐ General (12G)

☐ Runoff (12R)

This report also covers the semi-annual period

☐ Special (12S)

☐ Convention (12C)

Election on

in the State of

See Line 6(b)

(d) 30-Day POST-Election Report for the:

☐ General (30G)

☐ Runoff (30R)

☐ Special (30S)

This report also covers the semi-annual period

Election on

in the State of

See Line 6(b)

6. Covered Period(s)

(a) Quarterly/Monthly/Pre-/Post-Election Covered Period

(b) Semi-Annual Covered Period

This report covers

07

01

2017

through

09

30

2017

and/or ☐ January 1 - June 30

☐ July 1 - December 31

7. Total Reportable Bundled Contributions by Lobbyists/Registrants or Lobbyist/Registrant PACs

(a) Quarterly/Monthly/Pre-/Post-Election Covered Period

(b) Semi-Annual Covered Period

39884.13

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Childers, Michael,

Signature of Treasurer

[Signature]

10

14

17

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

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